

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 22 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002732

1. Corporation Name

VOLVO AERO NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

S461 81 TROLLHATTAN
SWEDEN

S461 81 TROLLHATTAN
SWEDEN



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0131875

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
C/D	GUSTAFSSON, LEIF	S461 81 TROLLHATTAN	SWEDEN
VC D	LIDMAN, LARS Carleson, Edvard	S461 81 TROLLHATTAN S461 81 Trollhattan	SWEDEN Sweden LS
P	MALMROS, CLAES	645 PARK OF COMMERCE WAY	BOCA RATON FL 33487
EVP	ZUTTY, PETER	645 PARK OF COMMERCE WAY	BOCA RATON FL 33487
SVPO EVP	SILVERSTRI, SALVATORE T Cumberlidge, William	790 RAILROAD AVE. 645 Park of Commerce Way	WEST BABYLON NY Boca Raton FL 33487
SEVP	HARTNEY, KEVIN ESQ.	645 PARK OF COMMERCE WAY	BOCA RATON FL 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10: I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. Secretary

Date 12-19-00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edvard Carleson

Date

Daytime Phone #

14-DEC-2000

011-46-

520-9425